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AN ACCOUNT OF THE TYPHOID FEVER AND DYSENTERY,

AS THEY HAVE APPEARED IN THE EPIDEMIC FORM, DURING THE LAST FOUR SEASONS, ON CAPE ANN, MASS.

BY JOSEPH REYNOLDS, M.D., GLOUCESTER.

CAPE ANN, which makes the northern arm of Massachusetts Bay, is a rocky promontory, consisting almost entirely of ledges of granite. The soil is a coarse gravel. In the valleys, between the ledges, there are deposits of alluvium. These spots are very fertile. There is little, if any, clay upon the Cape. About five miles from its eastern extremities, it is intersected by a creek, through which the tide water flows from Massachusetts Bay into Ipswich Bay, which makes up on its northern side. On this creek are somewhat extensive marshes, which, at high tides, are covered with salt water, thus making the eastern part of the Cape an island during high water.

The botany of the Cape is very rich, much more so than one would suppose who remembers only its rough and forbidding masses of granite. The intermingling of fresh-water plants with marine plants, in the nooks and coves which thickly indent its shingly border, affords an interesting study to one who has a taste for such pursuits.

The population of the Cape is about 11,000.

Sporadic cases of typhoid fever and of dysentery have occurred among us from time to time, but they have been comparatively rare. In 1822, dysentery prevailed on the north side of the Cape, on the shore of Ipswich Bay, and was very fatal. In the autumn of 1833, typhoid fever prevailed on the eastern and north-eastern margin of the Cape. Fifty cases, many of them severe, occurred in my practice, three of which proved fatal. The preceding summer had been unusually hot and dry. During September, it was with difficulty that water could be obtained for the necessary purposes of life. The disease commenced in the latter part of August, and continued into December. From that year to 1846, cases occurred occasionally on different parts of the Cape. In the latter year, it appeared as an epidemic on the south side of the Cape, at Gloucester Harbor. The first case came under treatment on the 20th of August; cases continued to occur, and by the 20th of September there were thirty cases in one small neighborhood. The whole number that came under treatment in that neighborhood, during the au-

turn, was forty. In three houses there were three cases in each. In three other houses, there were five in each. The houses were all good; several of them large and airy. The families were all in comfortable circumstances; some of them among the more wealthy portion of our population. These cases, with one or two exceptions, all occurred within forty rods of a common centre. The two streets on which they occurred are wide, constructed on a soil of hard gravel, and well drained. On the west side of this district, and but a few rods distant, a large quantity of earth had been moved during the winter and autumn previous. A small hill had been cut through, and the ground carried forward to fill up a hollow, to make a foundation for a railroad depot; an embankment some forty feet wide, from four to ten feet high, had thus been formed, extending some thirty rods in length. On the north-east side of the district, a swamp of some acres in extent had been broken up and burnt over during the winter and spring. The summer was very dry; the wells in the district, of which there are but few, owing to the ledges of granite, were very low. Of the whole number who were sick, three children under puberty, and one woman, who was the mother of one of the children, died. A large proportion of the cases were strongly marked typhus fever, while others were of much milder type. Many of them were protracted, and convalescence was tedious. I am not aware that there were any peculiar symptoms attending this epidemic, or that there was anything worthy of remark in the treatment, which was generally of a mild and expectant character.

In the latter part of the following February, a well-marked case of typhus occurred in a woman of 56 years of age, which terminated fatally in three weeks. Immediately after her death, her youngest daughter, aged 20, who had attended her, was taken down. In three weeks from that time, an older sister, who had been absent during the sickness of the mother, but returned home at her death, was attacked. Both these young ladies were long and exceedingly sick, but ultimately recovered. Three weeks from the sickness of the second daughter, an aunt, a sister of the deceased, was seized. She had most faithfully attended the young ladies from the commencement of their sickness. Her disease was milder, but lasted six weeks. Before the recovery of this last patient, the only son of the deceased, a lad of about 17, was attacked; his disease was severe, but less protracted than the others. After all the other members of his family were convalescent, the father, who had been unremitting in his attendance upon the sick for more than four months, was taken down, and underwent the disease in a most wasting and protracted form, but ultimately survived. This family resided less than a quarter of mile from the centre of the district in which the fever prevailed in the autumn. I do not know that the disease in this family can be traced to any intercourse with the autumnal cases; but as it occurred at so unusual a season of the year, and was so very severe, I have thought it proper to describe it. Among the persons who were in this family, as visitors, watchers and nurses, only one case of fever occurred, and that of mild character. Several cases of typhus occurred

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during the autumn of 1847, one of which, a young man who had just completed his classical education, terminated fatally.

About the 20th of August, 1847, dysentery began to make its appearance; cases rapidly increased, so that by the 10th of September, there were probably fifty cases under treatment in the village. The cases which occurred previously to this date were generally of a severe character; after this date, they began to assume a milder form. Scarcely any terminated fatally that commenced after the date above indicated. Seven adults and several children died who were attacked before it. Several of the most severe cases occurred in the same locality in which typhus fever had so generally prevailed the previous year. In that district, dysentery visited nearly every house, and destroyed seven children and five adults. One of the adults was an old lady 84 years of age. Two others were highly-educated delicate young ladies, twins, about 20 years of age; the first lived eighteen days; the second was attacked two or three days before the death of her sister; at the commencement, she had a strong presentiment that her disease would prove fatal, although the symptoms were very mild; unfortunately, her presentiment was realized, and in about the same time that her twin sister lived after the attack, she went to join her in another world. Another case was a married lady, about 37 years of age; and the fifth a young man. In this connection, one circumstance is worthy of remark; the same families living in the same houses that were visited with typhus in 1846, were visited with dysentery in 1847. Yet so far as I can now recollect, not a single individual who had typhus in 1846 had dysentery in 1847. In the family in which the two young ladies died of dysentery, two of their sisters had typhus in 1846, and the twins escaped. In 1847, the twins died, and their sisters escaped the dysentery. Should further observation show that the having undergone typhus fever affords, for a time, immunity from dysentery, and *vice versa*, that the having undergone dysentery secures from typhus, will it not go far to prove, if not the identity of the nature of the two forms of disease, at least the identity of the cause or causes which give rise to them. If the person who has had typhus becomes, for a time, insusceptible to the action of the cause of dysentery, or incapable of allowing the development of the latter disease, one of two inferences naturally follows: either that the cause of both is one and the same, or, if the causes are distinct, that they make their first impression upon the same organs, or, if you please, upon the same nervous centres. The similarity between typhus and dysentery has been often remarked. This was strongly manifested in this epidemic. In the cases that continued three weeks or more, the expression of countenance, the state of the skin and of the tongue, would lead the observer who was not aware of the true state of the case to suppose the patient to be in an advanced stage of typhus. Another circumstance in which this epidemic resembles typhus is that it was disposed to confine itself within certain fixed bounds. It was limited principally to two neighborhoods; one that which has been already specified, the other commencing about a mile north of this, and extending a little more than half a mile. In the intervening mile, although more than thirty families

reside, only two or three were visited, and only one severely, by the disease. In the northern district, nearly every family was attacked. In one family, living upon a farm, in a large airy house, the father, mother and five children underwent the disease in the most severe form. The eldest daughter, about 22 years old, the last one attacked, died after three weeks of intense suffering. For some days before death, the whole of the mucous membrane lining the mouth and covering the tongue resembled in color and consistence a layer of wet sponge. Three cases in this family were followed by rheumatism. Late in the autumn a few cases occurred in a location a mile to the west of the district first mentioned, but none in the intervening mile. In the main street of the town, which is thickly inhabited, and which extends a mile and a quarter, running in the immediate vicinity of the wharves and landing places, not more than one or two cases occurred in its whole extent.

In March, 1848, four or five cases occurred in two contiguous houses, in each of which one child died. In the autumn of this year, the disease again prevailed to a considerable extent. It was spread over a large surface, and, for the most part, those localities in which the disease had prevailed in 1847 escaped entirely. Other neighborhoods, in which not a case had occurred in 1847, suffered most severely in 1848. Several adults and many children died during this epidemic. The typhus character of the disease was strikingly marked in many of the severe cases. In 1849, dysentery prevailed quite extensively among children. There were a good many cases among adults, several of which proved fatal. This year the disease showed an obvious tendency to attack individuals, and families, and neighborhoods, that had escaped the two previous years. In one house, containing two families, eight cases occurred, four of which, all children, terminated fatally. There were many cases of diarrhœa this season. Many of the cases that were called dysentery, were rather bilious diarrhœa. Well-marked cases of dysentery, however, were of frequent occurrence. Eight cases of cholera occurred during the season, four of which terminated fatally. They were all preceded by diarrhœa. Several cases of dysentery in each of these years were followed by rheumatic affections, which, in some instances, lasted for many weeks.

I have no means of ascertaining the whole number of cases that occurred in either of the above-described epidemics, or the number of deaths in proportion to the whole number of cases. With respect to treatment, I have but few remarks to make. In the mild cases, any reasonable treatment conducted the disease to a favorable termination. Many of the severe cases terminated fatally, whatever mode of treatment was pursued. My preceptors taught me to treat dysentery with cathartics, followed by opiates; and for twenty years I pursued this practice, with entire satisfaction. At the commencement of the epidemic of 1847, I pursued the method to which I had been accustomed. After losing several patients, I omitted the cathartics in great measure, and treated the disease with mucilages and opiates, but with even less success than under the former method. At the close of the epidemic, I found myself using cathartics freely, and with entire success, owing, in

degree, no doubt, to the less virulent form of the disease. It was often remarked that where cathartics were not much used in eighteen or twenty days from the onset of the disease, discharges of scybalæ commenced, and for a long time annoyed the patient. In 1848, cathartics, followed by decided doses of opiates, constituted the main feature of my treatment. In 1849, the same general plan was pursued; many of the cases this year exhibited more of the character of bilious diarrhœa than in previous years. These cases required less cathartic medicine than the more simple form of dysentery.

Towards the close of the epidemic, several cases were treated on the following plan, which, in most cases, limited the disease to a week, and in all was perfectly successful:—

First, a cathartic was given; when free fecal discharges had been obtained, half an ounce of the following mixture was given every two hours—R. Mucilage gum Arab., ℥ ij.; sugar, ℥ ss.; creosote, gtt. xvij.; tr. camphor, chloric ether, āā ℥ ss.; water, ℥ ij. In some cases it was given every hour; opium was given at night, according to circumstances. This treatment generally arrested the muco-sanguineous discharges and the tormina within twenty-four hours, and convalescence at once commenced. What would have been its effect at the commencement of the epidemic, I cannot of course say; but I think it worthy of a further trial. During the summer and autumn of 1849, scarcely a case of typhus fever occurred, and but few of typhoid, on that part of the Cape where dysentery prevailed.

On its eastern extremity, four or five miles distant, there were some fifty cases of typhoid fever, several of which terminated fatally. In this district there was but little dysentery. I have thus given a brief sketch of these epidemics as they have appeared among us during the past four seasons; I have spoken of the two forms of disease in connection, because they were to some extent blended together, and because they seem to me to have had a common origin, and several characteristics in common. I have spoken of typhus and typhoid as only different degrees, or different forms of the same disease. This seems to me to be the only correct practical view of the subject. I know, indeed, that a different theory has been put forward by high authority. But when I see the two forms of disease intermingled in the same epidemic, and in the same family even, at the same time; and when I observe the exposure of healthy persons to the disease in one form, followed by its appearance in the other form, just as the exposure of the unvaccinated to varioloid gives rise to variola, and the exposure of the vaccinated to variola gives rise to varioloid, I cannot resist the conviction that they are essentially the same disease—that they differ only in form or degree.

As a large portion of the surface of our Cape has now been burned over by one of the forms of disease above described, I trust we shall enjoy a good degree of immunity from their attacks for some years to come. Perhaps, indeed, a different result may follow, and we may find that they have taken their place among our permanent annual diseases. Time will solve the problem.—*Transactions of the American Medical Association, Vol. III.*

## HYDRANGEA ARBORESCENS, A NEW REMEDY IN LITHIASIS.

BY S. W. BUTLER, M.D., BURLINGTON, N. J.

ONE of the most severe complaints to which man is liable, causing, perhaps, more exquisite suffering than any other, is that in which solid amorphous and crystalline sediments are desposited in the kidneys or bladder. The complaint, however, is so seldom met with, at least in this part of the country, that it is probable that little is known practically about it by most physicians.

Yet, as we do occasionally meet with it, and as it is desirable that every physician be prepared to combat the disease by every means which the God of nature has placed within his reach, I have thought it best to prepare for publication a short account of a new method of removing calculi from the kidneys and bladder, provided they are not too large to pass the urethra.

As I merely propose a means of *removing* these deposits, after they have been *already formed*, I shall say nothing of the prophylactic measures that may be resorted to in the different diatheses; leaving this to the judgment of the practitioner, guided, if he pleases, by reference to the valuable works of Prout, Bird, Brodie, &c., on the subject. Nor will I at present advert to the means proposed for the removal of the deposits when made, which are recommended by Cooper, Brodie and others. What I particularly wish to call attention to in this paper, is the fact, that a remedy exists which has been successfully employed for removing calculi after they have been formed. The principal observations that have been made on the remedy in question have been by my father, Dr. E. Butler, who has for the last thirty years acted as a missionary of the A. B. C. F. M. among the Cherokee Indians; in a part of the country, therefore, where sabulous and gravelly deposits are more frequently met with than among us.

The plant producing the remedy is well known in the South and West, by the name "seven barks"; and a species of the same plant is familiar to most persons, as an ornamental garden shrub, under the name "hydrangea."

Botanically, the plant yielding the remedy is known as "*Hydrangea Arborescens*." In the southern, middle and western States, it grows abundantly "in the mountains, and hills, and on rocks and near streams." I found it growing abundantly also on the banks of the Schuylkill, above Philadelphia; and Mr. Durand, a botanist of Philadelphia, informs me that he has seen it growing on the Bonaparte property at Bordentown. Whether or no it is to be found in other portions of the State, I cannot say. I know not that I can describe the plant so that it will be recognized by persons not familiar with its appearance. It is a perennial shrub, sending upwards numerous stalks, from a caudex or head, to the height of from three to five feet. The bark is rough, peeling off—each layer being of a different color; probably giving origin to the name "seven barks." The leaves and flowers much resemble those of the garden hydrangea. When green, the stalks and root contain much water, and the latter a great deal of mucilage, with

albumen and starch; but when dry they are very hard, and exceedingly difficult to bruise; if used, therefore, they should be bruised while green. The stalks contain a pith which is easily removed, and they are used in some parts of the country for pipe-stems.

For therapeutical purposes, my father has employed a simple decoction, or a syrup made from a decoction of the root, with sugar or honey. This was made of such a strength, as to be in the dose of a tea-spoonful three times a-day. In an over-dose, it produced some unpleasant symptoms, such as dizziness of the head, oppression of the chest, &c. The effect the remedy seems capable of producing, is removing by its own specific action on the bladder such deposits as may be contained in that viscus; provided they are small enough to pass the urethra. It has seemed also to have the power of relieving the excruciating pain attendant on the passage of a calculus through the ureter. Whether this is dependent on any anodyne property which the remedy may possess, or upon its action in removing the cause, by promoting the discharge of the calculus, I know not; but think most likely on the latter.

The limited observations which have been made on this, as a therapeutical agent, will prevent me from claiming for it any more certain action than can be gathered from the following imperfect detail of cases. The object I have in view, is to call the attention of the profession to the remedy, in the hope that those who may have the opportunity, will try it, and if it proves successful in their hands, make it known to the profession, either through the medium of medical publications, or otherwise.

In giving the following cases, it is but justice to the parties concerned, to say that not one of the patients lived within thirty miles of his medical adviser; it was, therefore, impossible to make correct observations or to give perfect details.

CASE I.—Concerning this case my father writes me:—"When some thirty miles from home, I saw an old Indian doctor, named Rattling-gourd, in great distress with the gravel. I recommended to him a free use of the decoction of this plant. Some months afterwards I saw him again, and found he had used it, and not only found relief, but he said, "It has cured me."

CASE II.—Miss Elizabeth J——, being subject to attacks of gravel, applied to my father for relief. He recommended to her the use of the root of the hydrangea. She afterwards said to him—"I have been under the care of several physicians belonging to the army, and taken many kinds of medicine for my complaint, but have found nothing to relieve me as the decoction of this plant has done."

CASE III.—S. Watts, a Cherokee farmer, aged 40, had suffered long and severely from the gravel. He finally sent for my father, who supplied him with some of the syrup of hydrangea root. It gave him immediate relief from his suffering, and, after having used it for a few days, he passed about one hundred and thirty calculi, besides a large quantity of sand. A few of the calculi were lost; the remainder are in the possession of my friend and late preceptor, Dr. John Neill, of

Philadelphia. Being almost round, they have the appearance, in a vial, of so many pills of different sizes. The number and weight of them is as follows:—Whole number of calculi, 120; weight of whole,  $3\frac{1}{2}$  drs.; average weight, 1.75 grs.; weight of largest, 9 grs.

The largest lodged in the fossa navicularis, and had to be removed by the aid of instruments. Twenty-seven of the calculi were passed within half an hour. Mr. Watts recovered entirely from the complaint.

CASE IV.—Philip S. Swartley, farmer, aged about 45 years. Had been suffering from calculi four or five years. Last winter he applied to Dr. Neill, of Philadelphia, who furnished him with some of the syrup of hydrangea root which I had in my possession. The medicine relieved him of pain immediately, and he subsequently brought to Dr. N. two of several calculi he had passed under its influence soon after he began its use. The largest of these weighed eleven grains, and was nearly half an inch long. He also passed a great deal of sand. When I last heard of Mr. S. he had not had a return of his complaint, and was in the enjoyment of good health.

If I judge correctly, the above cases, though imperfect, are sufficient to induce a trial of the remedy.—*N. Jersey Med. Reporter.*

#### PRACTICAL REMARKS UPON IPECACUANHA.

BY EDWARD JENNER COXE, M.D., N. ORLEANS.

BEFORE noticing the main objects of these remarks, it may prove neither uninteresting nor unprofitable to direct attention to some of those diseases in which this medicine, or some of its preparations and combinations, may be employed. The value and efficacy of ipecacuanha, as an emetic or expectorant in many affections of the respiratory organs, more particularly of children, are too generally conceded and acted upon to require an extended notice.

In dysentery, ipecacuanha has been and continues to be much used.

By Mosely, who held it in high repute, ipecacuanha was given in doses of half a drachm to two scruples, and by the late Professor B. S. Barton it was regarded as almost a specific, particularly in cases of a typhoid character. In chronic diarrhœa, small doses of the powder repeated several times a-day, either alone or preferably in conjunction with opium or Dover's powder, will be found of great value, and frequently, with strict attention to a proper regimen, will succeed in curing many most unpromising cases.

In these last cases, when dependent upon, or connected with derangement of the biliary secretion, additional power will be given to the above by uniting with them two or three grains of blue mass to be repeated every night for three or four nights, and subsequently every third or fourth night as long as may be deemed requisite or advisable for the individual case. In hæmorrhage from the lungs, or uterus, small doses of ipecacuanha, combined with sugar of lead and opium, are used with decided benefit.

In hæmorrhage from the stomach, large doses of ipecacuanha have

been strongly recommended, more particularly by Dr. Condie, who has published some valuable practical remarks upon the subject.

In the early stages of the bowel affections of children, no less than in adults, an emetic of *ipecacuanha* will often succeed in arresting the progress of the disease, and rarely fail to prove beneficial.

Combining from one fourth to half a grain of *ipecac.* with a minute portion of opium, and two or three grains of blue mass, the alterative properties of this last are materially enhanced, and will be found of great benefit in most of the mild cases of biliary and bowel derangements so prevalent in this region, at different seasons of the year.

With the exception of that sudden and often fatal disease, croup or hives, there are perhaps none of the pectoral diseases of children, in which the syrup of *ipecacuanha* may not be resorted to with advantage; but in croup, no little experience, and an almost uniform success in its treatment, authorize the confident belief, that we possess no one remedy or combination of remedies comparable or equal to the well-known Coxe's hive syrup, provided it be properly prepared. Dr. Good has remarked, that the *ipecacuans* concur in operating very generally upon the skin, at the same time that they excite the stomach, increasing in a slight degree the discharge of mucus from the lungs, and adding a little to the peristaltic motion of the bowels, while the antimonials act more violently upon the stomach, bowels and skin, but less upon the mucous secretions.

To recur to the syrup of *ipecacuanha*, I may remark, that being obliged to prepare it frequently, and finding the process recommended in the United States Dispensatory attended with unnecessary trouble, and, without constant care, great probability of a want of uniformity in the preparation, I adopted, after many trials, the following formula, which can be depended upon at the bed-side, and which has been found to keep well in this climate:—*R. Ipecacuan. rad. contus., ʒ iv.; Aqua, Oij.; ip. vin. rect., ʒ x.; sacch. alb., lbs. iij.* Macerate the bruised *ipecac.* in one pint of boiling water for twelve hours, then add the remainder of the water and alcohol, and continue the maceration for five or six days. Place the whole in a small displacement apparatus, returning the fluid that passes until it becomes perfectly clear, and then continue to pour a small quantity of water occasionally upon the surface, until two pints and ten ounces by measure shall have passed. Now add the sugar, and with a gentle heat evaporate until the syrup shall be of a proper consistence, readily ascertained by occasionally taking out a small portion and allowing it to cool. When of a proper consistence, pass it through a small quantity of fine tow placed in the tube of a funnel to render the syrup clear and transparent. Three pints and ten ounces of syrup is the quantity obtained, and is in point of strength nearly double of that prepared by the usual formula, which I consider an additional recommendation.—*New Orleans Med. and Surg. Journal.*

## NOTES FROM CLINICAL LECTURES.

DELIVERED AT THE MASSACHUSETTS MEDICAL COLLEGE, BOSTON,

By HENRY J. BIGELOW, M.D.,

*Professor of Surgery in the College, and one of the Surgeons to the Massachusetts General Hospital.*

[Reported for the Boston Medical and Surgical Journal.]

MONDAY, NOV. 11, 1850.—The present hour is allotted to the purposes of clinical instruction; to the consideration of cases of surgical disease in the details of their history, immediate antecedents, symptoms and treatment. This is a mode of study which has been before alluded to, and is opposed to the abstract and general account of disease adopted by the general treatise. It is, indeed, the natural method of study; the order in which experience presents itself to the surgeon, and in which it should be made to present itself to every student of this science. There is no substitute for it. Yet we find that when two similar cases have offered themselves to previous observers, it has happened that something common to both has been drawn from them, and that a generalization has been thus made; and it would be obvious folly not to avail ourselves of the knowledge and teachings of those who have thus previously observed. Clinical study, therefore, proposes to itself not only the examination of a detailed and isolated case, but also contemplates its relations with other similar cases. It investigates the eccentric biography of some particular instance of disease, with constant reference to the usual and common history of the same disease, gauging by this standard the irregularities, and endeavoring to reconcile to this standard the anomalies, of each recurring case. Our clinical study will be confined to the cases we have observed together during the visits at the Mass. Gen. Hospital; an institution which has no superior, and which offers great facilities for the observation of surgical disease. It will be found, at the end of our term, that a very large proportion of the usual surgical affections will have passed under our notice, and in the common relative frequency of their occurrence in the routine of daily practice. And let not the graver and striking cases claim too large a share of your attention; these are not the cases which you will meet with in your daily professional walks. But it is the minor and seemingly slight and trivial; the chronic, unchanging and unattractive lesions, which will fill the sphere of your daily avocations, and upon the management of which will depend your comfort and success. In addition to the surgical cases occurring at the Hospital, it will be my duty to notice the surgical operations there performed before the class; and this naturally leads to the consideration of the anæsthetics so constantly at those times administered.

It is a little striking that those who are in the daily habit of administering anæsthetics for the slight operations of dentistry, or in midwifery, are often startled at the violent or seemingly dangerous symptoms which sometimes result from the administration of the dose required for protracted operations; but I believe that any one who shall have witnessed these effects during a brief period at the Hospital, and who shall have learned their true relation to the anæsthetic state, especially in point of danger, will feel himself at home in administering the ether in any emer-

gency whatever. I use common ether (sulphuric). Chloroform has killed people. There is sufficient evidence that patients in good health, to whom chloroform was administered in the ordinary way and with ordinary care, have become pulseless, dead, suddenly and without warning. Such accident has either never happened with ether, or is excessively rare. Chloric ether, dilute chloroform, blisters the skin, which requires abundant oil to protect it. So that, on the whole, common ether is safest, cleanest, simplest, and is, indeed, apart from its odor, a perfect anæsthetic.

**CASE I. *Extrophy of the Bladder, &c.***—This remarkable case, although not from the Hospital, is accustomed to offer himself for examination here, and elsewhere. I have seen but one other similar case. The first feature which strikes us is the red, raw and inflamed mucous surface of the posterior wall of the bladder, which is protruded through an orifice in its anterior wall as large as a moderate-sized apple, and thence through the abdominal parietes. It is thus literally turned inside out; and exhibits the ureters dripping with urine, and below, two orifices, which the patient states to be, and which I dare say are, the termination of the spermatic ducts. To complete this median division of the tissues, there is entire epispadias of the penis and of the gland; and the bones of the symphysis pubis gape to the extent of many inches. You will observe also, besides, an inguinal hernia, produced, very likely, by a laxity of tendinous fibres which have no firm insertion.

This is an instance of failure on the part of nature to unite the lateral masses of the body upon the median line, and bears analogy to certain other deformities, such as hypospadias, hare-lip and spina bifida. It is incurable.

**CASE II. *Epithelial Disease of Lip.*** Commonly called cancer of the lip, and with good reason; for although the affection is by no means identical with cancer, yet it has practically many of its destructive properties. It affects the skin and subjacent cellular tissue, the mucous membrane, and the muscle. The man operated upon on Saturday, was about 52 years of age, healthy, and of a fleshy make. Two years ago he discovered a pimple of the size of a small pea on one side of the free edge of the under lip. A year ago this had attained a double size, and was covered on the buccal margin with a scab of ordinary appearance and of the size of a half dime. This patient had been treated, as such lesions often are, by some cancer doctor with caustic; but ineffectually. I removed the mass by a V shaped incision in the sound tissue, and the edges were approximated by three or four sutures. The great object here is completely to excise the disease; and if this is done, it has little tendency to return; differing in this respect from true cancer. Now the latter disease may affect the lip as well as other regions, and hence the importance of establishing distinctly the difference between the two diseases, that you may be able with confidence to assure your patient of his probable future. And first let us eliminate the advanced stages of this disease, where the bone is eroded and the glands affected. In such cases extensive plastic operations are sometimes necessary. I have removed the entire lower lip, dissecting the cheeks back to the facial artery of each side, and uniting them when drawn forward upon

the median line. In this case the disease returned in the cicatrix a year after. In such cases the vast ulceration and fungoid growth may alter the general appearance of the texture to a degree which may render its appearance, without the microscope, equivocal. But in its early stage the epithelial disease of the lip generally shows upon section, as in this case, a dense white opaque color, and often upon minute examination, as here, vertical striæ dividing it into apparent columns, which either terminate at the free labial edge, disintegrating into a paste which furnishes a scab, or may rise above it, to a considerable height. But the microscope leaves no doubt, in the majority of cases. I will not say all cases; for though some observers have no question upon this point, I have not satisfied myself about it. In most cases the field, as in the present instance, shows unequivocal epithelial features. The white caseous mass shows the normal epithelial cells and scales; every irregularity of the latter varying in size and shape; while the distorted cells often attain, with and without nuclei, enormous size. A careful observation also detects little groups of the minute cells in the first period of their growth.

Such is the common disease "cancer of the lip," beginning with a small purple crust or scab, and if not removed in season, attaining an ulcerated growth, which compromises the life of the individual; perfectly curable at first, but if neglected or tampered with, getting beyond the reach of surgical art.

**CASE III. Hare Lip.**—This patient of my friend Dr. Hayward was a boy of 8 or 9 years of age, presenting the ordinary appearances of a bad single hare-lip. The fissure reached the left nostril, dividing also the hard and soft palate in the mouth. You observed that the division of the lip was a little to one side of the median line. It is always so, with very rare if any exceptions. The front teeth also often project, as here, where one had been recently removed. The edges were refreshed and brought together by sutures. We rarely use pins, though they were once thought essential. Sutures answer equally well, and are more convenient. The upper one, as in this case, should be carried well up into the nostril to prevent a gaping and ugly orifice there. It may be added, in respect of these sutures, however unscientific the avowal may be considered, that with a healthy patient and good atmosphere, sewing skin is much more like sewing cloth than is generally supposed. It is better to add stitches enough to adjust the parts exactly where nicety is required, than to omit them and trust to nature to do it. In the latter case the gaping interstice gets filled with lymph, leaving a broad cicatrix, or an edge projects; so that altogether we are less sure of the result than when the edges are everywhere nicely adapted and brought together as has been described. I never saw an operation for hare-lip which did not leave a slight notch or fold at the edge of the lip. In fact, the longitudinal contraction of the cicatrix would produce this, but you may avoid it almost entirely by paring the free edge well down to the mouth; let the cut surfaces be concave rather than convex towards each other; and dissect up the flaps from the jaw enough, especially in infants, to abate the lateral traction. Finally, remove the stitches with the first

trace of suppuration in their track, or you will have scars to mark their position. This operation of Dr. Hayward will probably make an excellent lip. In regard to the cleft palate of this boy, where it is so wide, it is unfavorable for operation. I have produced, contrary to my expectation, a good union of the posterior portion, in a similar case, but the palate was afterwards hard and tense from the contraction which ensued upon the large lateral dissection necessary to disengage the scanty flaps. The cicatrix was very different from the pliant and serviceable palate which we often have after operation, where the cleft is not so wide.

**CASE IV. Removal of Cicatrix of Neck after Burn.**—Some of you have before seen this enormous cicatrix of the neck and breast. The patient was burned by the ignition of matches in his vest pocket. Last year I divided a bridle of the neck, and with real relief to the man. Why it did not again contract, it is difficult to say; but the fact is, that he could raise his chin considerably better, for the operation. The whole matter of the contraction of cicatrices is uncertain. Some diminish almost to obliteration. Others remain loose and pliable without contraction. Lymph has doubtless much to do with it; but we generally cannot assign the direction of contraction. Some parts of this scar were exquisitely and finely plicated; while other parts present large welts, much like cheloides. One of these, about the size of a finger, and the seat of troublesome suppuration, I removed before you on Saturday, from the lateral hyoidal region. Such masses of lymph are usually of feeble vitality, but this was nourished by eight or ten small vessels, requiring ligature. The wound has gaped widely, and the motion of the head is free. Without over-estimating the chances of relief, we may aver that, as the wound cannot contract to smaller dimensions than before, and as the fibrous and contracting lymphis entirely removed at this point, we have every hope for the kind of improvement which before resulted.

**CASE V. Tertiary Syphilis. Ulcer behind the Left Leg on the Calf.**—This patient, a middle-aged, healthy man, had chancres fifteen years ago, and again Sept. 1849, for which he treated himself, but subsequently took pills for a long time from a physician. Two months after the primary sores, he had rheumatism of the right wrist and knuckles. Soon after, scabs upon the hairy scalp, accompanied with commencing and discrete eruption of pimples elsewhere on the body. Some of these pimples became large, and covered with a scab, while the left leg was subsequently the seat of a considerable ulceration, which had attained the size of the palm of the hand, and was preceded by a subcutaneous tubercle. I will only remark of this case, that its progress is somewhat anomalous. The deeper forms of cutaneous eruption, the tuberculo-crustaceous eruption of transition from secondary to tertiary disease, and especially the tertiary ulcer of the skin, resulting from the "*tumeur gommeuse*," belong to a later period of the affection than that at which they have been manifested in this case. It is hardly worth while to go back 15 years for the primary affection, though a period even as long as 20 years has been assigned as a limit of tertiary disease. There is reason to believe that the patient has undergone mercurial treatment, which may account for the absence of some of the usual forms of secondary affection.

The view which has been adopted in relation to this case is confirmed by the rapid cicatrization of the ulcer under the specific treatment of tertiary disease, viz. the iodide of potassium in considerable doses, here increased slowly from five to ten and fifteen grains, three times a day, and for a length of time. The patient will be soon well.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, NOVEMBER 20, 1850.

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### EDITORIAL CORRESPONDENCE.

*Naples.*—It is a formidable undertaking to move from Rome to Naples, either by land or water, although the distance is only about 170 miles. In the first place, no person can leave with a hope of reaching or being permitted to enter the latter city, without the signature of the resident minister, who will not sign a passport till the traveller has been fourteen days in Rome. The whole machinery of the law is brought to bear upon this point. Finally, by paying a little more than four dollars—two dollars of which is filched from every American's pocket, to the disgrace of our country, by the consul of the United States—and exhibiting the passport, a seat may be obtained in the diligence, provided you speak for one some four to six days in advance, paying for it at the same time 13 dollars. Every new driver, at the termination of his route, begs like a Trojan for a fee. Vagrants line the road most of the way—men, women and children—who run by the side of the coach at a racer's speed, begging, for the love of the Virgin, to say nothing of a long list of saints, for a baioco. At every official station, all the luggage is re-inspected, or you are openly informed that by paying a bribe it may pass on. Some, to save the destruction of their clean linen, hand over the pauls, while others submit to the requisition of the law, and suffer accordingly. At this particular period, the journey is very hazardous, on account of highwaymen. If a private carriage is hired, which is very generally preferred, a long document is drawn up, signed much after the form of a deed, in which it is stipulated, that, for a certain number of scudi, you are to be safely delivered, at the end of three days, at Naples—and to bind the bargain, the driver deposits a few pieces of coin in your hand, to be returned when he starts. After passing Albano, the way, on the margin of the Pontine marshes, is quite monotonous—and nothing of interest is observable, save the oddity of wooden ploughs with one handle, wooden harrows, threshing floors in the field, lamps burning before pictures of very excellent, unheard-of guardians of the land, queerly laden donkeys, and bare-legged men and women, till reaching the tower where Cicero was murdered—the very spot, in fact, near the margin of the Mediterranean. Finally, reaching Capua, a miserably filthy hole, a railroad facilitates your progress to the capital. If, on the other hand, you go from Rome to Civita Vecchia, the vexations in regard to the visé of passports, plumbing of luggage, &c., are intolerable; but when fairly over, you go on board a French or Sardinian steamer, at 4 P.M., and the next morning wake up in the beautiful, enchanting bay of Naples. There you will be compelled to remain at anchor full half a day, before permission is given for landing.

Naples is a beautiful, busy city, in a small way. With a magnificent har-

bor, there is nothing floating in it but a few row-boats, an occasional brig from Sicily, or a small coast-wise steamer. So exceeding strictly are the quarantine laws enforced, that commerce is almost annihilated. The inhabitants, about 400,000 in number, are supplied with the daily necessities of life, by provisions brought to market on the backs of asses. Nothing strikes a New Englander so very comically as the burdens imposed upon those little patient donkeys, in the crowded, narrow streets of a great capital like this. Some are entirely enveloped in bundles of straw, equalling in bulk a common cart-load—concealing the whole animal so completely that the great pile seems to move onward by automatic machinery. Others are laden with brush wood; some with kegs of wine, others with vegetables; and in short the greater part of the public burden seems to rest on their little backs. Even the street sweepings and accumulations of stables are transported in straw sacks, in the same way, out of the city. Fruits are borne in baskets on the heads of the country people, who line the highways for miles, in the morning, carrying immense piles of marketing on their caputs. Much of the portorage is conducted in the same manner. Little children seem instinctively to commence very early to transport packages, water-jugs, and baskets, in that way. Mechanics are numerous—working by the sides of the streets, where there should be sidewalks; but there is not one in Naples, although, at Pompeii, there were admirable ones, constructed nearly two thousand years ago. Blacksmiths, carpenters, cabinet makers, tailors, wheelwrights, pastry cooks, &c. &c., without number, occupy the basement stories, which are without a single window—so that in order to obtain light, the door must be kept perpetually open. The apartments being exceedingly small, the occupants trench upon the street with their tools, benches, and apparatus of all sorts. It is said the tax upon windows is too high for their means, generally, and hence there are none. It is a curious fact that the plan of the houses in Naples is very nearly like those of Herculaneum and Pompeii, only larger. Fifty thousand lazaroni, or brigand-looking, bare-legged, hatless, sun-burnt men, are supposed to be lounging round the margin of the town; yet they are not uncivil, nor would they be idle had they anything to do. Immense numbers of large row-boats are drawn up on the beach at night, covered with old sailcloth or rags, where many of them find shelter. Money is scarce, and consequently all the necessities of life are exceedingly cheap. Half a grain, not equal to half a cent, perhaps, certainly not more, will purchase as many rich, luscious grapes as would cost very nearly a dollar in Boston. The wealth of some of the churches is incalculably great. For example, in that of St. Jannarius, besides innumerable specimens of sculpture, paintings, and riches yielding annual revenues, there are forty-two full-sized busts and two or three full-length statues, of pure silver. Any two of them would go far towards building an almshouse of sufficient dimensions to lodge all the beggars in Naples. An altar-piece of solid silver, with numerous figures in alto-relief, of superb workmanship, quite overwhelms one not accustomed to such displays of the precious metals. Jewels are set in the front of their mitres and crowns, and on certain occasions they are borne under canopies friars, accompanied by torches, wax candles, and other brilliant displays on men's shoulders, through the streets, followed by priests, monks and quite beyond recollection. Overlooking the city, on an eminence, is the gorgeous convent of Certosa di Martino, in the occupancy of 55 monks, that almost throws into shade any other display of marble finishing or precious stone in Europe. Bribery is reduced to a perfect system in all

ranges of society. Money being irresistibly potent, each has a price, totally regardless of the obligations they are under to the dignity and majesty of law, or of moral accountability. Officers in gold lacings at the custom-houses, ask a fee for *not doing* what they are specifically commissioned to do. A merchant will declare his fixed price, from which he will not depart, and yet take half the sum perhaps in two minutes after.

At the theatres, one individual, always in the same costume, in a mask too, let the piece be what it may, figures more conspicuously than all the other actors. He is called Punchinello, and represents the nation or people. His pithy sayings and inuendoes keep up a perpetual roar. It appears that comic writers vie with each other in placing him above all other characters. Thus, let the plot be ever so intricate, laughable or exciting, Punchinello figures prominently, both speaking the language of the national feeling, and developing the richness and raciness of the Italian tongue. The great opera house of San Carlos is the coliseum of play-houses. It would hold two or three of the largest in America. It is more beautiful than La Scala at Milan, besides being apparently one or two sizes beyond it in lateral dimensions. It is lighted entirely with long wax candles, to the very top of the sixth tier of boxes. None of the hissing, hooting, crowing, clapping vulgarities of the theatre in the United States and England, are ever heard in Naples. Order, sobriety and perfect decorum characterize all such exhibitions in this otherwise boisterous country of macaroni-eaters. No one with a decently cared-for stomach could watch the manufacturing process of that tubular article of food (macaroni) at Portici, without loathing the sight of it ever after. Flies appear to contribute immensely to its ponderosity, while drying. Wine-making is equally disgusting—as the dirty, bare-legged fellows are watched for a few minutes, while they crush the grapes with their broad, unwashed feet. A finer climate is not to be found. On this 14th of October, the weather is delightful. Back of the window, by the light of which this is written, is a large garden, belonging to a congregation of lazy, fat capuchin friars, in which figs, oranges, lemons, vegetables and shrubbery of various kinds, are in the meridian of their floral beauty. But few clothes are required by decent persons, and scarcely none at all by the multitude. Fuel, charcoal, fruits, and nearly all kinds of eatables, are sold by weight. Cooking, shoe-blackening, mending (even to a torn shirt) are executed in the streets for the rabble. Priests, of different orders, seem to occupy every niche and corner. Go where you will, from the pit of a theatre to the departments of state, the broad brims are omnipresent. Little boys, belonging to the different schools, are dressed in big hats, equalling in diameter those of the Canterbury Shakers—or in military coats, chapeau-bras, with gold edgings, and swords, accompanied by a priest wherever they move. In fine, throughout the whole of Italy, priests have the control in all the varied ramifications of society. They are feared by the ignorant, courted by the ambitious, and abominated by the intelligent.

*Remedy for Quackery.*—In the October number of the New Hampshire Journal of Medicine, is an article by Dr. Garland, on a proposed "*Remedy for Quackery.*" It is decidedly our opinion, that if the measure were adopted which is recommended by the writer of the article in question, the profession might be most emphatically placed in the same category with the class of whom they complain. Often times, no doubt, when the minds of our patients are diseased, the exhibition of a *placebo* is attended with better

effect than that of remedies more potent; yet to make a general practice of giving pleasant or inert preparations, in form of medicines, because the patient wishes it and would otherwise obtain that kind of remedies from the vaunting quack, would not speak well for the purity of medical science. If we wish people to free themselves from the abominable habit of continually taking something in the shape of medicine, and particularly from those whose only claim to medical skill is their own boasting, we should endeavor to enlighten our patients, by explaining to them the laws which govern life, and so much of pathology as would intimidate them from using remedies intended to *cure a multiplicity of diseases*. "A little learning" is not always "a dangerous thing." It was said of Frère Jacques, the *natural cutter for stone in the bladder*, that when the anatomy of the parts was taught him, he saw at once the danger to which his patients had been exposed, and was deterred from performing lithotomy ever afterwards. He had not the moral courage to attempt an operation when fully informed of the danger to the life of his patient, though previously he had done so with the utmost *sang-froid*, and with average success, exciting the astonishment and admiration of the crowned heads and many of the surgeons of Europe. In our own day, are some who ranked, until a certain period, as the very best in diagnosis and prognosis; but when the great continental pathologist gave a *key*, whereby functional and organic disturbance could easily and readily be detected by physical explorations, they were in a great measure despoiled of their *old tact* in detecting disease. The latter illustration may be considered irrelevant to the subject under discussion; yet it has a bearing upon it. We contend, that if our patients are taught a certain amount of knowledge respecting themselves, they will be less likely to attempt to *cure* their own diseases, or place the least confidence in the boastful quack or his medicines. If we know the principles and practices of quackery to be fallacious and mercenary, would it be the part of wisdom in us to place ourselves on a level with quacks, by practising their schemes to get patients and make them take our medicines? There is a way to abate the evil complained of; the profession *themselves* are in a great measure to blame for its existence. When *they* possess the proper qualifications, and take the right means to combat the *hydra monster*, their cause for complaint will be very much lessened.

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*Professor Bigelow's Cliniques.*—Arrangements have been made, which will enable us to give our readers a synopsis of Professor H. J. Bigelow's Surgical Cliniques the coming season. The students of the Medical College visit the General Hospital with the Professor of Surgery, on Saturday, when operations take place, and on Monday the clinique is given, in the College building. We are sure the reports will not only prove interesting, but will be found to possess much practical value. The first of the series is inserted in the Journal of to-day.

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*Dr. Jarvis on Insanity.*—"On the comparative liability of males and females to insanity, and their comparative curability and mortality when insane. By Edward Jarvis, M.D., Dorchester, Mass." A pamphlet with the above title has been received, being a re-print from the Journal of Insanity. It furnished the subject of a paper read by Dr. Jarvis before the Association of Medical Superintendents of American Institutions for the Insane, at the meeting held in this city last June, some account of which

was given in our Journal at the time. The conclusions arrived at by Dr. Jarvis, are, that males are more liable to become insane than females, which liability, however, varies with different nations and different habits of the people. As to the curability of insanity, males seem to resist treatment more than females. There is much valuable information contained in the paper, which gives evidence of great research into the history of that unfortunate class, the insane, for which research Dr. Jarvis is eminently qualified.

*Remedy for Ferociousness in the Dog.*—In one of the Cincinnati papers, we find an account of an attack by a ferocious dog upon a little child. "The dog seized the child by the throat," we are told, "and the more he was pounded to make him let go, the harder he held on. The people broke the dog's back, and after inserting a lever into his mouth, pried his jaws open and released the sufferer, but not till her throat was mangled." There is a *sure* remedy in such cases, which should be known by every one. We hear of the cases often, and it would seem that persons at these times are very apt to forget the disposition of the animal. Now, if instead of pulling upon the dog, to disengage him when his jaws are set upon anything, a sponge or cloth, wet with *strong spirits of hartshorn*, be applied to his nostrils, he will instantly relax his hold.

*American Journal of Insanity.*—We notice by the October number of this valuable Journal, published at Utica, N. Y., that Professor T. R. Beck, of Albany, is to take the place of the late Dr. Brigham as editor of the work. Dr. Beck is well known as an author, and we have no doubt that the Journal under his superintendence will maintain its present high character.

*Donation to the McLean Asylum.*—Hon. William Appleton, of Boston, has given the princely sum of \$20,000 to the McLean Asylum for the Insane, located at Somerville, near this city, of which institution he has for many years been a director, for the purpose of constructing additional buildings for the more perfect classification of the inmates of the asylum.

*Lectures on Corpulence.*—The Gulstonian Lectures for 1850, on corpulence, delivered in London by Dr. T. K. Chambers, some extracts of which were copied recently into this Journal from the Lancet, have been published in London in a separate volume, with additions by the author. The subject is very thoroughly treated by Dr. C. An Appendix, on Emaciation, is also given. The work is well worth re-publishing in this country.

*Dysentery in the Ohio Penitentiary.*—After precisely a year of remarkable health, not one death having occurred during that time, a severe form of dysentery has prevailed, and up to the last accounts we have, *nineteen* deaths have occurred since the first of September last. During almost the whole of the last month, dysentery has been very fatal in Columbus, though its spread was not very extensive. The Lunatic Asylum has been blessed with a most extraordinary freedom from all disease not commonly associated with insanity. But two cases of dysentery have occurred, both yielding to treatment. This must be looked on as all the more fortunate, when it is considered how prone the insane are to chronic diarrhœa and dysentery.

*Ohio Medical and Surgical Journal.*

**Medical Miscellany.**—The Grand Jury report that in the Nursery Department of the Flatbush (Long Island, N. Y.) Alms-House the children have been crowded together to the number of 27 in a room 12 by 21 feet.—Baron Humboldt is to spend the winter in Paris; it is hoped he may visit this country.—Dr. Grange estimates that there are in France four hundred and fifty thousand persons afflicted with *goitre*, and from thirty-five to forty thousand with *cretinism*.—Dr. Drake has been re-appointed to the Chair of Practice in the University of Louisville.—Prof. Wm. B. Herrick has been appointed by the U. S. authorities Surgeon to the Chicago Marine Hospital, to take effect when the Hospital opens.—There were *fourteen hundred* deaths by cholera in Cincinnati, during the months of June, July and August.—Dr. E. A. Theller, of Canadian Revolution notoriety, is now in prison at Panama, for being concerned in the recently-attempted Revolution of New Grenada.—Professor Parker, of New York, stated in one of his late clinical lectures that calculus of the bladder has diminished in that city since the introduction of the Croton water.—A merited reproof is given, in the New York Medical Gazette, to the professors of Medical Colleges who furnish a copy of their introductory lectures to the secular papers for publication, instead of the Medical Journals. The reproof would also apply to the practice, common in other cities as well as New York, of furnishing medical information to the daily newspapers, in preference to Journals which are looked to by the profession for these very matters.—The North Western Medical and Surgical Journal, published at Chicago, at \$2 a year, now in its third volume, has lately sent out bills due for the work, to the amount of \$3,000. Such patronage to medical periodicals is not the kind recommended by the American Medical Association at its last meeting.—The venerable Prof. Chas. Caldwell has published in the Transylvania Medical Journal, at Louisville, Ky., an elaborate article on the Connection of Electricity with Epidemic Diseases. Whatever may be thought of the theory advocated by Dr. C., it is certain the article is characterized by the depth of research and vigor of thought which are generally manifested in his writings.—The new building for the College of Physicians and Surgeons of the Iowa University, in the city of Keokuk, is completed, and will be used for the lectures during the present term.

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**ERRATUM.**—In giving the formula for Liquid Muriate of Opium, in the last number of the Journal, "*Acidi Hydrochloride*" was printed instead of *Acidi Hydrochloric*. The reader will please correct.

**TO CORRESPONDENTS.**—Practical Observations on the Inhalation of Vapors and Powders, by Dr. Cornell; and further remarks on the late Cholera Cases at Kalamazoo, by Dr. Mack, have been received.

**MARRIED.**—In Atkinson, Me., S. W. L. Chase, M.D., of Passadumkeag, to Miss Lurana S. Buswell, of Atkinson.

**DIED.**—At Evansport, Defiance county, Ohio, John W. Porter, M.D., aged 22.—Drowned, at Warsaw, Mo., while attempting to ford the Osage river on horseback, Dr. Wm. C. Morris, aged 75, formerly surgeon in the British army and navy.

**Deaths in Boston**—for the week ending Saturday noon, Nov. 16th, 59.—Males, 32—females, 27. Accidental, 1—apoplexy, 1—disease of the bowels, 1—inflammation of the bowels, 1—consumption, 12—convulsions, 4—croup, 3—dysentery, 2—diarrhoea, 1—dropsy, 2—erysipelas, 1—exhaustion, 1—typhus fever, 1—typhoid fever, 2—scarlet fever, 2—lung fever, 3—puerperal, 1—hooping cough, 3—hemorrhage, 1—infantile diseases, 6—inflammation of the lungs, 1—marasmus, 2—old age, 2—smallpox, 2—scrofula, 1—teething, 1—unknown, 1.

Under 5 years, 27—between 5 and 20 years, 6—between 20 and 40 years, 15—between 40 and 60 years, 7—over 60 years, 4. Americans, 19; foreigners and children of foreigners, 40.

*Homœopathy at the Hotel Dieu, Paris.*—A letter from an American homœopath in London, has been handed us as a synopsis of well-attested and important facts, with the request that parts of it appear in the Journal. In complying with his request, it will of course be understood that we do not recommend the homœopathic theory or practice, but are willing to let our readers pass judgment upon the portion of the letter which we find room for below. The writer states that Dr. Tessier, physician of the Hotel Dieu, has been testing the claims of homœopathy for several years, and has now published his experience of the practice in pneumonia and cholera—"having renounced all other practice in his wards for two years past." He then copies from Dr. Tessier's Preface.

Speaking of his experiments, he says:—"Pneumonia is a disease frequent, acute, serious, whose symptoms are marked and not easily mistaken. I chose it, therefore, as the subject of my first experiment with the method of Hahnemann. After I had carefully studied the writings of Hahnemann and his disciples, I read some books containing descriptions of cases treated by his method. After having thus learned the spirit of the formula, *similia similibus curantur*, it remained to satisfy myself as to the action of remedies in infinitesimal doses. To this question I devoted six months of clinical experiment, choosing such cases, both acute and chronic, as I felt assured I should not injure. At the end of a few days the evidence that the medicines did act was complete; nevertheless I persevered for six months. It then remained for me to test the therapeutic value of the new method. As for pneumonia, it required particular precaution. In fact no light responsibility rests on him who ventures to substitute in the treatment of so grave a disease, a new method for one which experience sanctions. I could consent to run no great risk. I managed in this way. In ordinary treatment of pneumonia the first indication is blood-letting. This, where properly administered, produces a remission of the febrile excitement, with sweat, &c. But there still remains the consolidation of the inflamed lung to be resolved, which is usually effected by tartar emetic and blisters. It would be imprudent to abandon to itself the inflammation which still remains. The fever would, in that case, light up again, and the lung go on to suppuration or carnification. I ventured, however, in the case of a patient who had already been subjected to blood-letting, to substitute phosphorus 3.50 for tartar emetic, which I should otherwise (allopathically) have administered. The patient recovered without any relapse. I repeated this experiment many times with the same result. But I might reasonably attribute this success to the blood-letting energetically employed at the outset. All, therefore, that I could justly conclude from my first essays, was, that if I had done no good, I had, at least, by the new method, done no harm. I resolved then to diminish gradually the number of the bleedings at the beginnings of the treatment, and not to await the remission before having recourse to the Hahnemannian treatment, still keeping in reserve, however, the ordinary treatment in case amelioration should not be speedily manifest. I diminished, then, the bleedings by one, by two, by three, by four, in the next patient, beginning the administration of the new remedies successively nearer and nearer the beginning of the treatment. I began with a dose of aconite followed by a dose of bryonia in 12 or 24 hours. The less I bled, the more markedly were the patients relieved after the administration of the infinitesimal remedies. I decided finally to bleed no more, and to have recourse entirely to the homœopathic remedies." He adds, "For two years but one has died."